



PTO/SB/17 (10-08) Approved for use through 06/30/2010. OMB 0651-0032

Under the Pa	perwork Reduction	Act of 199	, 5 no person are req	uired to			nark Office; U.S. DE			
/ Under the Paperwork Reduction Act of 1995, no person are required to Effective on 12/08/2004.				Complete if Known						
Fees pursuant to t			l. ons Act, 2005 (H.R. 4	4818).	Application Nun		10/541,092-Cd)	
FEE TRANSMITTAL				Filing Date		June 29, 2005				
				First Named Inv	entor	Noboru Toyozawa				
For FY 2009					Examiner Name		Y. Chow			
Applicant claims small entity status. See 37 CFR 1.27					Art Unit		2629			
TOTAL AMOUNT OF PAYMENT (\$) 1,080.00					Attomey Docket	No.	SON-2903			
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
		FILIN	G FEES	SE	ARCH FEES	EXAMII	NATION FEES			
Application Ty	/pe F	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility		330	165	540		220	110			
Design		220	110	100	50	140	70	-		
Plant		220	110	330	165	170	85			
Reissue		330	165	540	270	650	325			
Provisional		220	110	0	0	0	0			
									Small Entity	
Fee Description								<u>Fee (\$)</u>	Fee (\$)	
Each claim over 20 (including Reissues)								52	26	
Each independent claim over 3 (including Reissues)								220	110	
Multiple dependent claims								390	195	
Total Claims	s Extra Claims Fee (\$) Fee Paid (\$)		ee Paid (\$)	Multiple Dependent Claims						
	- or HP =					<u>F</u>	<u>ee (\$)</u>	Fee Paid (\$)	
-	ber of total claims p	_		_						
Indep. Claims	Extra C		Fee (\$)	F	ee Paid (\$)					
- or HP = X = HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATIO		nac evces	ad 100 cheets of	nonor	(excluding electr	onically f	ilad saguence or	computer		
listings und	ler 37 CFR 1.52	2(e)), the	application size	fee du	ie is \$270 (\$135 f 37 CFR 1.16(s).	for small e	entity) for each a	dditional 5	50	
Total Sheet		Sheets			idditional 50 or fra	ction there	of Fee (\$)	Fee	Paid (\$)	
	- 100 =				(round up to a who					
4. OTHER FEE((S)				, ,			Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing sur harge): 1403 Bequest for oral hearing 1,080.00										
SUBMITTED BY	1 ,	T								
Signature	1		X	3	Registration No. (Attorney/Agent)	40,290/ 47,255	i reiennone	(202) 955-3750		
Name (Print/Type)							Date	December 8, 2009		